



I certify that on 11/15/03, which is the date I am signing this certificate, this correspondence and all attachments mentioned are being deposited in the United States Postal Service as first class in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Craig A. Slavin

#12/A
11/18
PATENT
Docket No. 015916-288

Applicant: Phan

Serial No.: 10/045,669

Filing Date: October 22, 2001

Title: Apparatus For Supporting
Diagnostic and Therapeutic
Elements In Contact With Body Tissue
Including Electrode Cooling Device

Group Art Unit: 3739

Examiner: Vrettakos

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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NOV 17 2003

AMENDMENT IN RESPONSE TO THE OFFICE ACTION
DATED JUNE 19, 2003

TECHNOLOGY CENTER R3700

Sir:

In response to the Office Action dated June 19, 2003, time for response to which has been extended by the enclosed petition to November 19, 2003, please amend the above-identified application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

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Docket No. 015916-288

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AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith is an amendment in the above-identified application:

- Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established.
- A Verified Statement Claiming Small Entity Status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- A Petition for Extension of Time is enclosed.
- No additional fee is required.

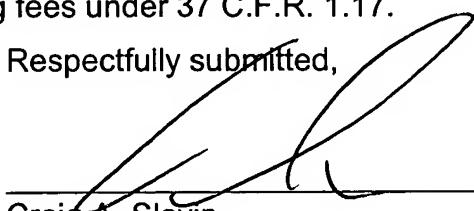
The fee has been calculated as shown below:

| | Claims Remaining After Amendment | Highest Number Previously Paid For | Number Extra | Small Entity Rate | Add'l. Fee | Standard Rate | Add'l. Fee |
|---|----------------------------------|------------------------------------|--------------|-------------------|------------|---------------|------------|
| TOTAL | 32 minus | 31 = | 1 | x \$ 9 | \$ | x \$ 18 | \$18 |
| INDEP. | 2 minus | 3 = | 0 | x \$ 43 | \$ | x \$ 86 | \$0 |
| <input type="checkbox"/> 1st Presentation of Multiple Dependent Claim | | | x \$145 | | x \$290 | | |
| | | | | TOTAL | \$ | TOTAL | \$18 |

- Please charge my Deposit Account No. 50-0638 the amount of \$. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$18 to cover the fee for additional claims is enclosed.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0638. A duplicate copy of this sheet is enclosed.
- Any additional filing fees required under 37 C.F.R. 1.16.
- Any patent application processing fees under 37 C.F.R. 1.17.

4/5/03
Date

Respectfully submitted,



Craig A. Slavin
Reg. No. 35,362
Attorney for Applicant

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